

## **The Office of Vermont Health Access Medical Guidelines**

**Subject: Positioning cushions or wedges (other than wheelchair cushions)**

**Last Review: February 4, 2016**

**Revision 3:**

**Revision 2:**

**Revision 1: February 20, 2015**

**Original Effective: February 25, 2014**

### **Description of Service or Procedure**

Specialized medical positioning cushions or wedges, specifically used for positioning when conventional commercially available cushions, wedges, or pillows do not meet the medical need. This guideline does not apply to wheelchair cushions.

### **Disclaimer**

Coverage is limited to that outlined in Medicaid Rule that pertains to the Beneficiary's aid category. Prior Authorization (PA) is only valid if the Beneficiary is eligible for the applicable item or service on the date of service.

### **Medicaid Rule**

[7102.2](#) Prior Authorization Determination

[7103](#) Medical Necessity

7505 Durable Medical Equipment

7505.2 Covered Services

7505.5 Noncovered Services

Medicaid Rules can be found at <http://humanservices.vermont.gov/on-line-rules>

### **Coverage Position**

A specialized medical positioning wedge or cushion may be covered for beneficiaries:

- When the specialized medical positioning wedge or cushion is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice in accordance with the Vermont State Practice Act, who is knowledgeable in the use of specialized medical positioning wedges or cushions and who provides medical care to the beneficiary AND
- When the clinical guidelines below are met.

## **Coverage guidelines**

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A specialized medical positioning wedge or cushion may be covered for beneficiaries who:

- Require positioning in a device, other than a wheelchair, for proper alignment in a seated position or in bed, for proper breathing, postural alignment, and/or for proper preservation of skin integrity, AND
- Are not able to be properly supported by conventional commercially available positioning devices including wedges, pillows, or cushions, AND
- When the specialized medical positioning wedge or cushion is the least expensive, medically appropriate device that meets the medical need of the beneficiary, AND
- Exhibit the following medical condition(s):
  - Severe head, limb, and/or trunk instability and/or weakness, AND/OR
  - Severe difficulty with breathing unless propped in a more upright position while in bed, where a hospital bed is not medically required, AND/OR
  - Severe malalignment in bed or when it is medically required to be positioned in a seat other than a wheelchair, AND/OR
  - Inability to maintain an unsupported sitting position independently in a seat other than a wheelchair.

## **Clinical guidelines for repeat service or procedure**

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- When the device has been outgrown, OR
- When the device no longer meets the medical needs of the beneficiary, OR
- When the device is no longer functional through normal wear (expected to last at least 5 years).

## **Type of service or procedure covered**

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Specialized medical positioning wedges or cushions. The procedure code includes all components and accessories. The device may be covered when it is the least expensive medically appropriate device that meets the medical need. For example, a wedge instead of a hospital bed.

## **Type of service or procedure not covered (this list may not be all inclusive)**

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- Wedges or cushions for beneficiaries who do not have specialized positioning needs as described above.
- Pillows.
- Conventional/commercially available wedges, pillows, or cushions.
- Wedges or cushions for the sole purpose of comfort or convenience of the beneficiary.
- Multiple positioning wedges or cushions for one beneficiary.

## References

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